



Outpatient Services • Rehabilitation Clinics

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Medi-Cal Training Seminars

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Date of Service Determines Correct Modifier for Billing

Providers are reminded that the recently implemented national modifiers are to be used only for dates of service on or after the effective date noted in *Medi-Cal Updates*. For the following types of service, providers should use the appropriate modifiers for the date of service billed.

Type of Service	Interim (Old) Modifiers	National (Current) Modifiers	Bill National Modifier for Dates of Service On or After
Telemedicine	TM	GT	August 1, 2005
Anesthesia Complicated by Hypothermia	AG	ET, P5	August 1, 2005
Emergency Anesthesia	AF	P4	August 1, 2005
Hearing Aids, Accessories and Services	Y1, Y2, Y6, Y7	NU, RR, RP	November 1, 2005
2005 Modifier Conversion	YQ, YS, ZK, ZU, ZV	22, AG, SA, SB, SC	November 1, 2005

For more in-depth details, see the June 2005 and September 2005 *Medi-Cal Update* for your specific provider community.

The updated information is reflected on manual replacement pages modif app 4 thru 7 (Part 2).

2006 CPT-4/HCPCS Code Update Reminder

The 2006 updates to the *Current Procedural Terminology*, Fourth Edition, (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) Level II codes become effective for Medicare on January 1, 2006. The Medi-Cal program has not yet adopted the 2006 updates. Do not use 2006 codes to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

Provider Restrictions for O & P Reimbursement

Providers are reminded that effective for dates of services on or after October 1, 2003, only physicians, podiatrists, certified orthotists and prosthetists may be reimbursed for orthotic and prosthetic appliances. Codes with double asterisks (**) in the *Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates — Orthotics* section of the provider manual are also reimbursable to pharmacists.

Tdap Vaccine is New VFC Benefit

Tdap (tetanus, diphtheria toxoids and acellular pertussis) vaccine is a new benefit for the Vaccines For Children (VFC) program. Medi-Cal reimburses VFC providers an administrative fee for providing the Tdap injection. Tdap is for use in individuals 11 through 18 years of age. For an interim period, this drug will be billed with CPT-4 code 90749 (unlisted vaccine/toxoid) and modifier -SL (VFC-supplied vaccine) retroactive to dates of service on or after September 15, 2005.

When billing code 90749, providers must document in the *Remarks* area, or on an attachment to the claim, that code 90749 was used to bill the VFC administrative fee for Tdap.

At this time Tdap is not a Medi-Cal benefit but will be reviewed for consideration as a benefit in the future.

A special timeliness override has been developed in the claims processing system for Tdap claims submitted with code 90749.

Note: Retain this Article

Because code 90749 is being used to bill Tdap for a short time only, billing instructions are not being added to the provider manual. This article constitutes the official billing instructions for using code 90749 when billing Tdap and should, therefore, be retained by providers.

Looking Ahead

In 2006, unlisted code 90749 will be discontinued for billing the Tdap administration fee, and this service will then be billed with CPT-4 code 90715 (tetanus, diphtheria toxoids and acellular pertussis vaccine [Tdap], for use in individuals seven years of age or older, for intramuscular use). Modifier -SL must still be used. Additional information and manual pages concerning code 90715 will be released in a future *Medi-Cal Update*.

VFC Reminder that DECAVAC is Billed with New Code Starting January

Last month's *Medi-Cal Update* announced that the administration fee for DECAVAC is a new benefit for the Vaccines For Children (VFC) program. The article indicated that the code to use for billing DECAVAC would change in January 2006. The following chart summarizes the two codes and corresponding dates of service to use for billing DECAVAC.

<u>Dates of Service</u>	<u>Bill With</u>	<u>CPT-4 Description</u>
On January 1, <u>2005</u> through December 31, 2005	CPT-4 code 90749 and modifier -SL (state supplied vaccine)	Unlisted vaccine/toxoid
On or after January 1, <u>2006</u>	CPT-4 code 90714 and modifier -SL	Diphtheria and tetanus toxoids [Td] adsorbed, preservative free, for use in individuals seven years of age or older, for intramuscular use

Code 90714

Code 90714 is not listed in the 2005 *Current Procedural Terminology – 4th Edition* (CPT-4) code book. This is a 2006 CPT-4 code that the CPT Editorial Panel released early to report the most recent new or revised vaccine product codes.

Code 90714 is not a Medi-Cal benefit. The comparable Medi-Cal benefit is CPT-4 code 90718 (diphtheria and tetanus toxoids [Td] adsorbed for use in individuals seven years of age or older, for intramuscular use).

Please see **DECAVAC**, page 3

DECAVAC (*continued*)**Code 90749 Reminders**

Providers were instructed that when billing for code 90749, they must document in the *Remarks* area, or on an attachment to the claim, that code 90749 was used to bill the VFC administrative fee for DECAVAC. This documentation is not a requirement for code 90714.

Claims submitted with code 90749 for dates of service on or after January 1, 2005 through December 31, 2005 are excluded from the six-month billing limit.

Code 90714 information is reflected on manual replacement page vaccine 3 (Part 2).

New CCS Service Code Grouping 09 for Chronic Dialysis Clinics

Chronic Dialysis Clinics are identified with unique Service Code Grouping (SCG) 09 to facilitate the diagnosis and treatment of California Children's Services (CCS) clients, effective retroactively for dates of service on or after July 1, 2004. SCGs allow providers to submit a single code on a Service Authorization Request (SAR) that represents a wide range of services. If the SAR is approved, all codes in the Service Code Grouping identified on the SAR are reimbursable.

The updated information is reflected on manual replacement page cal child ser 22 (Part 2).

CCS Service Code Groupings Update

A number of codes have been added and deleted from the Service Code Grouping (SCG) tables for the California Children's Service (CCS) program. In addition, for provider convenience each added or deleted code is accompanied by a symbol that relates directly to each code's effective date. Codes with a † have an effective date of October 18, 2004, while codes with a †† have an effective date of November 1, 2005. Codes without a symbol are effective July 1, 2004. Codes marked for deletion also have a line through each code.

The updated information is reflected on manual replacement pages cal child ser 1, 3 thru 17 and 20 (Part 2).

Instructions for Manual Replacement Pages

Part 2

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Remove and replace: cal child ser 1 thru 22
 hcpcs iii 3/4 *
 inject list 3/4 *, 13/14 *
 medi non hcp 1 thru 3 *
 modif app 1 thru 7
 oth hlth cpt 1/2 *
 respir 3/4 *
 ub sub 1/2 *
 vaccine 3/4

* Pages updated due to ongoing provider manual revisions.